

# Elderly, Blind, or Disabled Medicaid Eligibility Rules

Overview for Navigators, Certified Application  
Counselors, Partners, Agents, and Brokers

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# Today's Agenda

- Purpose
- Overview of Medicaid
- Nonfinancial and financial rules
- Subprograms of Medicaid
- Resources

# COVID-19 Temporary Rules

- We are in the process of “unwinding”, which is the term our federal partners use to describe returning to routine Medicaid operations after the COVID-19 Public Health Emergency (PHE).
- During the PHE:
  - We maintained “continuous coverage”, in which BadgerCare Plus and Medicaid members remained eligible unless they passed away, moved out of state, or asked to disenroll.
  - We temporarily suspended premiums, MAPP work requirements, and a requirement for childless adults to answer a question about treatment needs for substance abuse.

# Current Status of Unwinding

- New applicants who apply for BadgerCare Plus or Medicaid on or after April 1, 2023, do not have continuous coverage.
- Existing members who enrolled prior to April 1, 2023, must maintain continuous coverage until a full redetermination of eligibility – in most cases, at their next renewal.
  - Renewals were distributed evenly over a 12-month period from June 2023 through May 2024.
- Premiums and MAPP work requirements will be reinstated starting January 1, 2024.

# Purpose

The purpose of this training is to provide navigators, Certified Application Counselors (CACs), partners, agents, and brokers with an overview of the eligibility rules for EBD Medicaid programs.

Reminder:

- Session 1 was on Applying for Wisconsin's Health Care Programs.
- Session 2 was on eligibility rules for BadgerCare Plus.

# Available Programs

- Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid) covers:
  - Adults age 65 and older
  - Individuals who are blind
  - Individuals who are disabled

# Medicaid vs Medicare

Wisconsin **Medicaid** is a joint federal and state program that provides high-quality health care coverage, long term care, and other services to over one million Wisconsin residents.

**Medicare** is a health insurance program administered by the federal government and divided into five parts (A, B, B-ID, C, and D).

# Overview of EBD Medicaid Eligibility Rules

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# Keep in Mind

This training provides an overview of the eligibility factors that will be considered for EBD Medicaid.

- It is not intended as a training on how to determine eligibility.
- Only Income Maintenance (IM) agencies can determine eligibility for most programs.

# Keep in Mind

- More information about specific programs and policies can be found in the Medicaid Eligibility Handbook (MEH):  
[www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm](http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm)
- The policies described in this training are subject to change. Updates are available through:  
[www.dhs.wisconsin.gov/forwardhealth/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/index.htm)  
and [www.dhs.wisconsin.gov/alerts.htm](http://www.dhs.wisconsin.gov/alerts.htm).

# Full-benefit EBD Medicaid

**Supplemental Security Income (SSI) Medicaid**  
– for people who are getting federal  
Supplemental Security Income (SSI) payments.

# Full-benefit EBD Medicaid

## **SSI-Related Medicaid**

- The basic EBD Medicaid program for people who are age 65 or older, blind, or disabled (but who are not getting SSI).
- Medicaid deductible allows people who are above the income limit for SSI-related Medicaid to become eligible after they have met a deductible.

# Full-benefit EBD Medicaid

**Special Status Medicaid:** for people who once received SSI but no longer do and, with a special disregard, still meet the criteria for Wisconsin's SSI-Related Medicaid

# Other Full-benefit Medicaid

- **Medicaid Purchase Plan (MAPP)** – for individuals with a disability who are working.
- **Katie Beckett Program** – for children with disabilities living at home, in a foster care setting, or in another eligible community-based setting, who require an institutional level of care.
- **Wisconsin Well Woman Medicaid (WWMA)** – for women under age 65 who need treatment for breast or cervical cancer, or certain pre-cancerous conditions.

# Long-term Care

- **Institutional Medicaid** – for elderly, blind, or disabled people who are living in a nursing home, hospital, or other institution.
- **Home and Community Based Waiver programs** – enable elderly, blind, or disabled people to receive long-term care services and supports in their own homes or in the community, rather than an institution.

# Limited-benefit Programs

- **Emergency Services** – for some groups, covers services needed for the treatment of an emergency medical condition if the individual meets all program rules *except* for being a U.S. citizen or having qualifying immigration status.
- **SeniorCare** – prescription drug assistance for individuals who are age 65 and older.



# Limited-benefit Programs, con't

- **Wisconsin Well Woman Program (WWWP)** – provides women ages 45-64 with specific preventative health screening services related to breast and cervical cancers.
- **Medicare Savings Programs** – help individuals enrolled in Medicare pay their premiums, deductibles, co-pays, and/or co-insurance.

# Basic Nonfinancial and Financial Rules for EBD Medicaid

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# Basic Nonfinancial Rules

- Elderly, blind, or disabled:
  - Age 65 years or older, or
  - Determined blind, and/or
  - Determined disabled.
- Wisconsin resident.
- U.S. citizen or qualifying immigrant.

# Basic Nonfinancial Rules

- Provide Social Security number (with some exceptions).
- Supply required information and verification within the required time frame.
- Pay premiums or cost sharing, if required.

# Basic Financial Rules

Most EBD Medicaid subprograms have an income limit and an asset limit, but these vary by program.

# Basic Financial Rules

- Income limits for some EBD subprograms are based on FPL, while others are based on the SSI federal benefit rate (FBR)
  - All limits are federally determined and most are adjusted (usually increased) yearly.
  - Current FPL amounts for EBD Medicaid can be found here:  
[www.dhs.wisconsin.gov/medicaid/fpl.htm](http://www.dhs.wisconsin.gov/medicaid/fpl.htm)
- Most subprograms count the income and assets of the member and their spouse.

# Special Rules for Children

Some exceptions apply to children with disabilities.

- Children are not subject to an asset test.
- In some cases, parents' income is not counted or is only partially counted.

# What Income is Counted?

Countable income for EBD Medicaid includes (but is not limited to):

- Gross earned income,
- Self-employment earnings,
- Social Security income,
- Retirement benefits,
- Unemployment insurance,
- Income from trusts,
- Interest and dividends,
- Child support, and
- Alimony.



# What Assets are Counted?

Countable assets for EBD Medicaid include (but are not limited to):

- Cash, checking and savings accounts,
- Stocks, bonds, and Certificates of Deposit (CDs),
- Non-home real property,
- Some vehicles,
- Some trusts,
- Some life insurance policies,
- Some burial assets,
- Some annuities,
- Some loans, and
- Some reverse mortgages.

# Deductions for EBD Medicaid

- Allowable deductions vary by subprogram.
- All EBD Medicaid programs allow:
  - A \$20 standard deduction.
  - A \$65 and ½ earned income deduction.
    - This is calculated by first deducting \$65 of the household's total earned income, then deducting half of any remaining earned income.
    - For example, if a household has \$1,065/month in total earned income, deduct \$65 and then \$500 for countable earnings of \$500.

# Deductions for EBD Medicaid

- Examples of subprogram-specific deductions:
  - Support payments.
  - Court-ordered attorney or guardian fees.
  - Impairment-related work expenses.
  - Medical and remedial expenses.

# Poll Question #1

Which of the following individuals may be non-financially ineligible for EBD Medicaid, based on the information given?

- a. Janice, a 44-year-old who has been determined disabled by DDB
- b. Edgar, age 68
- c. Penelope, age 70, living in her home in Minnesota
- d. Ricardo, a 24-year-old who has been determined blind by DDB

# EBD Medicaid Subprograms

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# SSI Medicaid

- The federal SSI program provides cash benefits to people who are 65 or older, blind, or disabled.
- SSI has income and asset limits similar to those used for EBD Medicaid.
- If someone is getting SSI, they automatically qualify for Medicaid.
- They do not have to apply separately for Medicaid, and their eligibility is not determined by the IM agency.

# SSI-Related Medicaid

SSI-related Medicaid is the basic EBD Medicaid program for people who are elderly, blind, or disabled (but who are not getting SSI). The income limit is 100% FPL.

- \$1,215.00 for one person
- \$1,643.33 for a couple

# SSI-Related Medicaid, con't

SSI-Related Medicaid asset limits:

- Countable assets for a single individual must be below \$2,000.
- Countable assets for a married couple must be below \$3,000.



# Medicaid Deductibles

- If someone is over the income limit for SSI-Related Medicaid, they can become eligible by meeting a deductible.
- Deductibles are calculated for a six-month period by deducting **100% FPL** from the total countable monthly income in each month of the deductible period and adding the six remainders together.
  - \$1,215.00 (current 100% FPL for one person)
  - \$1,643.33 (current 100% FPL for a couple)

# Medicaid Deductibles – Example

- Individual Countable Net Income of \$1,315.00 for each month
- Individual current 100% FPL \$1,215.00

\$1,315.00

- 1,215.00

\$ 100.00 x 6 months =

\$600 Total Deductible Amount

# Medicaid Deductibles

- There are several ways to “meet” a deductible:
  - Unpaid and recently paid medical bills (including Medicare and other health care premiums paid by the person) can be used to meet the deductible. Proof is required.
  - Someone can also choose to pre-pay the deductible in order to obtain coverage.
  - After the deductible is met, Medicaid pays for covered services until the end of the six-month period.

# Deductible Example

- Bobbie is a single 68-year-old with total countable income of \$1,582.50/month.
- She applies in July and is over the income limit for SSI-related Medicaid, so the IM agency calculates a deductible for July to December.
  - $\$1,582.50 - \$1,215.00 = \$367.50$
  - $\$367.50 \times 6 \text{ months} = \text{a deductible of } \$2,205.00$

# Example, con't

- On July 6, Bobbie has outpatient surgery and has unpaid medical bills totaling \$3,500 from the procedure.
- She submits proof of these bills to meet the deductible.
- By meeting the deductible, she becomes eligible for Medicaid from July 6 until the end of December.
- She is responsible for the portion of the bill used to meet the deductible (\$2,205.00), but the remaining amount can be billed to Medicaid (\$1,295.00).

# Poll Question #2

Which of the following is not a true statement for SSI-related EBD Medicaid:

- a. The asset limit for a single person is \$2,000 per month.
- b. SSI-related Medicaid Deductibles are set up for a period of six months.
- c. The income limit for SSI-related Medicaid is 100% of the Federal Poverty Level.
- d. The only way to meet a Deductible is to pre-pay the amount.

# Medicaid Purchase Plan

- Medicaid Purchase Plan (MAPP) is for individuals with a disability who are working or enrolled in a health and employment counseling program.
- The program has higher income and asset limits to allow members to get health care coverage while they are employed.

# Financial Rules for MAPP

- The income limit for MAPP is 250 percent of the FPL, based on a household that includes the member, the member's spouse, and the member's minor dependent children.
- Step-children are not included in the household size.

For a household of...	250% FPL
1	\$3,037.50/month
2	\$4,108.33/month
3	\$5,179.18/month
4	\$6,250.00/month



# Financial Rules for MAPP, con't

- The member and their spouse's net income is compared to the income limit for the household size.
- MAPP allows:
  - A \$20 standard deduction.
  - A \$65 and ½ earned income deduction.
  - Impairment related work expense deduction.
  - Special exempt income deduction.
  - Medical and Remedial expense deduction (if total of applicant and spouse is above \$500).

# Financial Rules for MAPP, con't

- Premiums are charged if the member's own gross income exceeds 100 percent of the FPL for a group of one, currently \$1,215.00.
- The asset limit for MAPP is \$15,000, but only the member's assets are counted.

# Long-term Care (LTC)

- Institutional Medicaid
- Home and Community Based Waiver programs
  - Family Care
  - Family Care Partnership
  - Include, Respect, I Self-Direct (IRIS)
  - Program of All-Inclusive Care for the Elderly (PACE) (Milwaukee and Waukesha counties)
  - Children's Long-Term Support Program (CLTS)

# Institutional Medicaid

- For elderly, blind, or disabled people who are living in a nursing home, hospital, or other medical institution.
  - Must have resided in a medical institution for 30 or more consecutive days, or
  - Is likely to reside in a medical institution for 30 or more consecutive days, as attested by the medical institution.

# Institutional Medicaid, con't

- Medical institution includes but is not limited to hospitals, skilled nursing facilities, intermediate care facilities, and in some cases, institutions for mental disease.
- When someone applies for health care and indicates that they are in an institution or need institutional care, this is considered an application for Institutional Medicaid.

# Financial Rules for Institutional Medicaid

- Eligibility and cost sharing are determined based on income, assets, the cost of care, and other qualifying expenses.
- For a single individual, the monthly income limit is \$2,742, but they may also qualify if their income is less than their cost of care plus other expenses.
- For a single individual, the asset limit is \$2,000.
- Some income and assets may be allocated to the applicant's spouse and/or minor children.
- Divestment penalties may apply to people who sell or give away income or assets for less than their fair market value.

# Home and Community Based Waiver Programs

- Enable elderly, blind, or disabled people to receive long-term care services and supports in their own homes or community, rather than an institution.
- Individuals must be eligible for a full benefit Medicaid program or LTC Waiver Medicaid to be enrolled into a Home and Community Based Waiver program.
- Individuals must meet a certain Level of Care (nursing home level of care), as determined by the Aging and Disability Resource Center (ADRC).
- Individuals must contact the ADRC for enrollment counseling and to have their level of care determined.

# Home and Community Based Waiver Programs

- The ADRC will help to identify the most appropriate Home and Community Based Waiver program for the individual.
- If the individual is already eligible for full benefit Medicaid, the ADRC can enroll the individual in the appropriate Home and Community Based Waiver program.
- If the individual is not already eligible for full benefit Medicaid, the individual must submit a Medicaid application to the IM Agency.
- To find an ADRC in your area, visit:  
[www.dhs.wisconsin.gov/adrc/consumer/index.htm](http://www.dhs.wisconsin.gov/adrc/consumer/index.htm)



# LTC Waiver Medicaid

- A specific form of full benefit Medicaid used to enroll individuals in a Home and Community Based Waiver program when they are not eligible for any other form of full benefit Medicaid.
- Individuals must be elderly, blind, or disabled.
- The IM Agency determines full benefit Medicaid eligibility, including eligibility for LTC Waiver Medicaid.
- The financial rules for LTC Waiver Medicaid are very similar to the rules for Institutional Medicaid.

# Poll Question #3

When determining eligibility for Medicaid Purchase Plan (MAPP), which of the following is not true?

- a. MAPP has higher income and asset limits than SSI-related EBD Medicaid.
- b. Assets of everyone in the home are counted for MAPP eligibility.
- c. When determining if a MAPP premium will be charged, only the member's income is counted.
- d. When determining the MAPP household size, step-children are not included.

# Poll Question #4

Which of the following is not true for Institutional Medicaid?

- a. Medical Institutions include (but are not limited to) hospitals, skilled nursing facilities, and intermediate care facilities.
- b. For a single individual, the asset limit is \$2,000.
- c. Some income and assets may be allocated to an applicant's spouse and/or their minor children.
- d. To be considered institutionalized, the individual must have resided (or be expected to reside) in a medical institution for 60 or more consecutive days.

# Medicare Savings Program

- Medicare Savings Program (MSP) helps individuals who are enrolled in Medicare pay their Medicare premiums and, in some cases, deductibles, co-pays, and/or co-insurance.
- Also known as Medicare Premium Assistance (MPA).

# Types of MSP: QMB

- Qualified Medicare Beneficiary (QMB)
  - The individual must be entitled to Medicare Part A or Part B-ID.
  - Income limit is 100 percent of the FPL.
  - Asset limit is \$9,090 for a single individual and \$13,630 for a married couple.
  - Medicaid pays Medicare Part A, Part B and Part B-ID premiums and Medicare deductibles, co-pays, and coinsurance.

# Types of MSP: QMB cont'd

- Some Medicaid members are automatically eligible for QMB, including
  - People eligible to receive SSI
  - Some Medicaid members who once received SSI but no longer do
    - 503 assistance group
    - Disabled Adult Child (DAC)

# Types of MSP: SLMB

- Specified Low-Income Medicare Beneficiary (SLMB)
  - The individual must be entitled to Medicare Part A or Part B-ID.
  - Income limit is 120 percent of the FPL.
  - Asset limit is \$9,090 for a single individual and \$13,630 for a married couple.
  - Medicaid pays Medicare Part B and Part B-ID premiums.

# Types of MSP: SLMB+

- Specified Low-Income Medicare Beneficiary Plus (SLMB+)
  - The individual must be entitled to Medicare Part A or Part B-ID.
  - Income limit is 135 percent of the FPL.
  - Asset limit is \$9,090 for a single individual and \$13,630 for a married couple.
  - The individual is not enrolled in Medicaid.
  - Medicaid pays Medicare Part B and Part B-ID premiums.



# Types of MSP: QDWI

- Qualified Disabled and Working Individual (QDWI)
  - The individual must be under age 65 and disabled.
  - The individual must have lost premium-free Medicare Part A as a result of returning to work.
  - The member cannot be eligible for any other Medicaid.
  - Income limit is 200 percent of the FPL.
  - Asset limit is \$4,000 for a single individual and \$6,000 for a married couple.
  - Medicaid pays Medicare Part A premiums.

# Other Subprograms: EBD-Medicaid Emergency Services

- Covers services needed for the treatment of an emergency medical condition when someone meets all EBD Medicaid program rules except citizenship or qualifying immigration status and having or applying for an SSN.
- Not available for:
  - Childless Adults (adults ages 19 through 64 who are not living with and caring for a child under age 19 and are not certified disabled or presumptively disabled).
  - Children with higher incomes.
  - Women enrolled in the BadgerCare Plus Prenatal Program.

# Other Subprograms: EBD-Medicaid Emergency Services

- Applications are processed by IM agencies.
  - Providers may complete the Certification of Emergency for Non-U.S. Citizens form (F-01162), but it is not required and does not guarantee reimbursement.
  - The fiscal agent determines if a condition is an emergency medical condition covered by BadgerCare Plus Emergency Services.
- For more information:  
<https://www.dhs.wisconsin.gov/publications/p1/p10072.pdf>.

# Other Subprograms: Katie Beckett

- Katie Beckett Program
  - For children with disabilities who are living at home, in a foster care setting, or in another eligible community-based setting, who require an institutional level of care.
  - Applications are processed by DHS.
  - For more information, see [www.dhs.wisconsin.gov/kbp/index.htm](http://www.dhs.wisconsin.gov/kbp/index.htm).

# Other Subprograms: Wisconsin Well Woman Program (WWWP)

- Is a limited benefit Medicaid program.
  - Provides specific preventative health screening services related to breast and cervical cancers.
- Individuals can apply through their county or tribal well woman coordinating agency.
- For more information about the Wisconsin Well Woman Program:  
<https://www.dhs.wisconsin.gov/wwwp/index.htm>.

# Other Subprograms: Wisconsin Well Woman Medicaid (WWWMA)

- A full benefit Medicaid program for women under age 65 who need treatment for breast or cervical cancer, or certain pre-cancerous conditions.
- Eligibility is based on enrollment in the Wisconsin Well Woman Program (WWWP) or Family Planning Only Services (FPOS), so no separate income or asset test applies.
- Applications are processed by DHS.
- For more information about Wisconsin Well Woman Medicaid:  
<https://www.dhs.wisconsin.gov/medicaid/well-woman-medicaid.htm>.

# Other Subprograms: SeniorCare

- Prescription drug assistance for individuals who are age 65 and older.
- Applications are processed by DHS.
- For more information:  
[www.dhs.wisconsin.gov/seniorcare/index.htm](http://www.dhs.wisconsin.gov/seniorcare/index.htm)

# Poll Question #5

Which of the following programs is not a full benefit Medicaid program:

- a. SSI-related EBD Medicaid
- b. Medicaid Purchase Plan (MAPP)
- c. Medicare Savings Programs (MSP)
- d. Well Woman Medicaid



# Additional Resources

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# Policy Resources

Online policy resources, such as policy manuals, handbooks, forms, and directories, can be found at:

[www.dhs.wisconsin.gov/em/index.htm](http://www.dhs.wisconsin.gov/em/index.htm).

- The Medicaid Eligibility Handbook can be found at:

<http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm>.

# Policy Questions

Please direct policy questions related to Medicaid or BadgerCare Plus to:

[dhsforwardhealthpartners@wisconsin.gov](mailto:dhsforwardhealthpartners@wisconsin.gov)